Please type a plus sign (+) inside this box

PTC/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Approved for use through 10/31/2002. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/542,674
Fillng Date	3/31/2000
First Named Inventor	Rouse, Graham
Group Art Unit	3712
Examiner Name	Faye Francis
Attomey Docket Number	

Total Number of Pages in This Subm	ission 82 Attorney Do	ocket Number	J
	ENCLOSURES	S (check all that apply)	
Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group	
X Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences	
Amendment / Reply	Licensing-related Paper	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After Final	Petition	Proprietary Information	
X Affidavits/declaration(s)	Petition to Convert to a Provisional Application	on Status Letter (_
Extension of Time Request	Power of Attorney, Re- Change of Correspond Address	evocation ndence Other Enclosure(s) (please identify below):	ת כ
Express Abandonment Request	Terminal Disclaimer Request for Refund	identify below): UHAIL ROOM	
Information Disclosure Statement	CD, Number of CD(s)		ر :
Certified Copy of Priority Document(s)	Remarks		
Response to Missing Parts/ Incomplete Application			
Response to Missing Parts under 37 CFR 1.52 or 1.53		,	
under 37 CFR 1.52 or 1.53			
SIGNATU	IRE OF APPLICANT, ATTO	ORNEY, OR AGENT	
Firm Graham M. F	Rouse		
Individual name	1		
Signature D Ry	in l		
Date November 30	0, 200/		
	CERTIFICATE OF MA	All ING	7

mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Typed or printed name 001 Signature

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. An comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington; DC 20231.

PTC/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 199

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

	-	
(\$)	55.	00.

Complete if Known				
Application Number	09/542,674			
Filing Date	3/31/2000			
First Named Inventor	Rouse, Graham			
Examiner Name	Faye Francis			
Group Art Unit	3712			
Attorney Docket No.				

METH	OD OF PAY	MENT (check a	l that apply)	FEE CALCULATION (continued)					
Z Check	Credit card	Money	Other None	3. ADDITIONAL FEES					
		Order -		Large	Entity	Sma	ıll Entit	у_	
Deposit Account	Account.			Fee	Fee e (\$)	Fee	Fee te (\$)	Fee Description	Fee Paid
Number			-	105	130	205	65	Surcharge - late filing fee or oath	
Deposit Account Name				127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
		ized to: (check all t		139	130.	139	130	Non-English specification	
	(s) indicated bel		any overpayments	- 147	2,520	147	2,520	For filing a request for ex parte reexamination	
	•	ow, except for the	ncy of this application	- 112	920*	112	920*	Requesting publication of SIR prior to	•
	entified deposit		mmy ree	445	1.840*	112	1,840*	Examiner action Requesting publication of SIR after	
		ALCULATION		113	1,040	113	1,040	Examiner action	EE 00
1. BASIC FI				115	110	215	55	Extension for reply within first month	55.00
Large Entity	Small Entity		• •	116	400	216	200	Extension for reply within second month	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	Fee Paid	117	920	217	460	Extension for reply within third month	
101 740	201 370	Utility filing fee		118	1,440	218	720	Extension for reply within fourth month	
106 330	206 165	Design filing fee	.	128	1,960	228	980	Extension for reply within fifth month	- 7
107 510	207 255	Plant filing fee		119	320	219	160	Notice of Appeal	
108 740	208 370	Reissue filing fee		120	320	220	160	Filling a brief in support of an appeal	
114 160	214 80	Provisional filing t	99	121	280	221	140	Treducation of all floating	7
	S	UBTOTAL (1)	<u>(\$)</u>		1,510		1,510	Petition to institute a public use proceeding	3
O EVEDA (AND REISSUE	. 140.	110.	240.	55.	Petition to revive - unavoidable.	= =
2. EXTRA C	'THIM LEES	F	ee from		1,280		640	C)	· · · · · · · · · · · · · · · · · · ·
Totat Claims	-20**		elow Fee Paid	142	1,280 460	242 243	640 230	Dogian issue foe	
Independent	3.0	×		144	620	244	310	Plant issue fee	
Claims Multiple Deper	ident			122	130	122	130	Petitions to the Commissioner	
		L		123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Large Entity	Small Entity			126	180	126	180	Submission of Information Disclosure Stmt	
Fee Fee Code (\$) 103 18	Fee Fee Code (\$) 203 9	Fee Description Claims in excess		581	40	581	40	Recording each patent assignment per property (times number of properties)	
102 84	202 42	Independent clair	ns in excess of 3	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
104 280 109 84	204 140 209 42	** Reissue indep		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
110 18	210 9	over original pa		179	740	279	370	Request for Continued Examination (RCE)	
110 10	210 9	and over origin		169	900	169	900	Request for expedited examination	
	ė i in	TOTAL /2\	(\$)	Other	fee (sp	oecify)	of a design application	
						,	Fee Paid SUBTOTAL (3) (\$)	55.00	
**or number	previously paid	l, if greater; For Rei	ssues, see above	*Red	uced by	Basi	c Filing	Fee Paid SUBTOTAL (3) (\$)	22.00

SUBMITTED BY		Complete (if applicable)		
Name (Print Type) Graham M. Rouse/		Registration No. (Attorney/Agent)	Telephone 803.256.9743	
Signature	D Brung M		Date	11/30/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.